



John Flynn <JFlynn@afphq.org> on 10/09/2010 08:53:36 AM

To: ""2022190174@fec.gov"" <2022190174@fec.gov>
cc:

Subject: FEC Report 9

I am filing the attached FEC Form 9 on behalf of Americans for Prosperity. Thank you.

Sincerely,

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 10-8-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

Amended

4. Covering Period

10 08 2010

through

10 08 2010

5. (a) Date of Public Distribution(s)

10 08 2010

(b) Communication Title

"NIC Bus Tour Columbus"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Mullins

(b) Address (number and street)

2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

11,236.36

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/8/10

NOTE Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Tim Phillips		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	President		
B.	(a) Name	John Flynn		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	Secretary/Treasurer		
C.	(a) Name	Steve Mullins		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	CFO		
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 6

A. Full Name of Donor <u>N/A</u>	Date of Receipt Amount
Mailing Address of Donor City State Zip	
B. Full Name of Donor	Date of Receipt Amount
Mailing Address of Donor City State Zip	
C. Full Name of Donor	Date of Receipt Amount
Mailing Address of Donor City State Zip	
D. Full Name of Donor	Date of Receipt Amount
Mailing Address of Donor City State Zip	
E. Full Name of Donor	Date of Receipt Amount
Mailing Address of Donor City State Zip	
SUBTOTAL of Donations This Page (optional) ▶ <u>— 0 —</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 6

A. Full Name (Last, First, Middle Initial) of Payee Konjolka Media				Date of Disbursement or Obligation 10 08 2010	
Mailing Address of Payee PO Box 666				Amount 6 220 00	
City Weston		State MA		Zip Code 02493	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of "NIC Bus Tour Columbus"					
Name of Federal Candidate Baron Hill		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IN District: 09	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee Konjolka Media				Date of Disbursement or Obligation 10 08 2010	
Mailing Address of Payee PO Box 666				Amount 694.00	
City Weston		State MA		Zip Code 02493	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of "INAFP 10.06.2010 Terre Haute"					
Name of Federal Candidate Trent Van Haften		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: IN District: 08	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional)				6 914 00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **5** OF **6**

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 08 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>1.680 00</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02493</u>	Communication Date <u>10 08 2010</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "INAFP 10.06.2010 Evansville"</u>					
Name of Federal Candidate <u>Trent Van Haften</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: <u>08</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 08 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>147 36</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02493</u>	Communication Date <u>10 08 2010</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "INAFP 10.06.2010 Kokomo"</u>					
Name of Federal Candidate <u>Tim Crawford</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: <u>05</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>1.827 36</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 6 OF 6

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 08 2010</u>	
Mailing Address of Payee <u>P.O. Box 666</u>				Amount <u>1,275.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "IN AFFP 06.10 South Bend"</u>					
Name of Federal Candidate <u>Joe Donnelly</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: <u>02</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 08 2010</u>	
Mailing Address of Payee <u>P.O. Box 666</u>				Amount <u>1,220.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "IN AFFP 10.06.10 Fort Wayne"</u>					
Name of Federal Candidate <u>Tom Hayhurst</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>IN</u> District: <u>03</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>2,495.00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<u>11,236.36</u>	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/09 / 2010</i>

PREPARER
(3/2005)

DATE PREPARED